

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 17 PM 1:56

DOCUMENT # P99000016788

1. Corporation Name

JAMES DELLA-PIETRA CORP.

Principal Place of Business

Mailing Address

3515 CHESAPEAKE CIRCLE
BOYNTON BEACH FL 33462

3515 CHESAPEAKE CIRCLE
BOYNTON BEACH FL 33462



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0398078

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	DELLA-PIETRA, JAMES	3515 CHESAPEAKE CIRCLE	BOYNTON BEACH FL 33462
		6698 Hillside Lane	LANTANA, FL 33462
			800003441498-9
			-10/27/00--01007--017
			****550.00 ****550.00
			11/10/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JAMES DELLA-PIETRA President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 436-0250

Daytime Phone #

CR2E040 (8/00)

James Della-Pietra, Corp.
6698 Hillside Lane
Lantana, Fl. 33462
(561) 436-0250

October 12, 2000

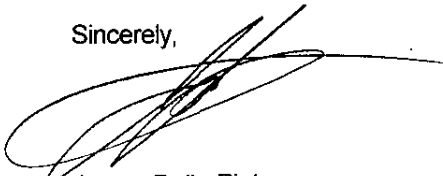
Florida Department of State
Division of Corporations

Dear Sir or Madam:

It has come to my attention that you did not receive my 2000 Uniform Business Report and or Fees. I had filled out wrote a check and mailed this report on 08/21/2000. I verified today that you did not receive this report and the check has not yet cleared the bank. I spoke with your office today and received the proper instructions to resolve this matter. I have called the bank and stopped payment on the check as of the day of this letter and I am issuing you another one, which you will find, enclosed. I am also sending this letter, check and Application For Reinstatement, return receipt.

At this point I would like to request a waiver to remove any additional fees other then the standard late charge fee. Please find that I have enclosed a check for the amount of \$550.00.

Sincerely,

A handwritten signature in black ink, appearing to read 'James Della-Pietra', with a long horizontal flourish extending to the right.

James Della-Pietra
President